

Sir Ian Fraser 1901-1999

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Ian Fraser died at his residence, 19 Upper Malone Road, on 11th May in his ninety-ninth year. He had been a significant force in Ulster surgery, indeed the entire Ulster medical scene, almost from his appointment as an 'honorary attending surgeon in charge of the out-patient department' at the then Belfast Hospital for Sick Children (in Queen Street) in 1927 until late in life; and he was to receive wide national and international recognition. An acute sense of history was not the least of his gifts and all writers on local medical history owe much to his perceptive sketches of predecessors and earlier contemporaries.

A memorial service was held in Fisherwick Church on 2nd July. The family honoured me in their invitation to give a Tribute – which is reproduced below. I have added some notes which with standard reference sources, Ian's own autobiographical sketches, the Fraser Archive in the Archivist's office at RVH and other material preserved by his son, will I hope, provide sufficient background information to tempt the future biographer whom Fraser's life so richly deserves.

TRIBUTE

2nd July 1999

When President Reagan's father-in-law, the neuro-surgeon Loyal Davis,¹ was admitted an honorary Fellow of the Royal College of Surgeons in Ireland, at a ceremony in the White House, Ian Fraser, aged 80, the unchallenged *doyen* of Irish surgeons, read the citation. "Dr Davis, it is interesting to see that one man can be an editor, a teacher, an administrator, a surgeon and a soldier – such is given to very few".² Rembrandt never painted so faithful a self-portrait, since with these words Ian could have been painting himself.

For Ian James Fraser – though as he said "I later threw the James away"³ – combined exceptional qualities with a Midas touch. He had a captivating personality – gregarious and warm-hearted he exuded irrepressible vitality and an infectious charm which delighted and enriched all who met him. He was also blessed with the common touch: as was said of Sir Thomas Myles, a previous President of the College: "He was at home with the highest as the lowest were at home with him".⁴ Invariably courteous and congenial with an understated but sophisticated humour, he was forever cheerful and cheering: no-one ever saw Ian despondent or morose. He was a Cheshire Cat – a smile, or more precisely an aura of vivaciousness, which lingered after the rest had gone.

Ian was greatly influenced by his father, an east Belfast general practitioner versed in the classics.⁵ Sadly, tragedy struck early; Ian's mother died when he was not yet two;⁶ but he grew up in a happy home with his father, step-mother,⁷ and half sister,⁸ as later he was to enjoy unalloyed contentment with his wife Eleanor,⁹ his daughter Mary-Alice, his son Mark and the whole extended family, and at the age of nearly 90 could write sincerely and for public consumption: "I have had a very happy home life, entirely due to my wife and our two children".¹⁰

At "Inst"¹¹ and later at Queen's his keen and disciplined intellect, his remarkable memory which never left him, and his enthusiastic application, made him a glittering prizeman with the singular distinction of being placed first in all the then four subjects in Finals with over 80% in each.¹² He took first place again in both parts of the Irish surgical Fellowship, added the English Fellowship and the Queen's University Master of Surgery with the now inevitable honours,¹³ studied in London, Paris and Vienna, and when only 26 was appointed to the consulting staff of the Belfast Hospital for Sick Children¹⁴ where he combined clinical and investigative work, published quite widely in front-line journals,¹⁵ added an MD by thesis,¹⁶ and by 1939 was rewarded with election as Fellow of the Royal Society of Edinburgh,¹⁷ which was then I think unique among the Ulster fraternity. But his major interests were clinical

and practical, not academic, and in tandem with his developing consulting practice he started his life-long and wholehearted involvement with the St John Ambulance Brigade which he re-invigorated: with barely 150 members in Northern Ireland in 1931 it grew under Ian's command to nearly 2000 by 1940, while he himself scaled its dizzy heights: he became the first Bailiff Grand Cross from Ulster, and at the precocious age of 39 he was made an OBE for his success.¹⁸ Inevitably there were disappointments: he was passed over for consultant posts at the Royal in favour of older men.¹⁹ There was also grief: his first-born son died at the age of two.

The War enlarged the stage on which Ian could deploy his already evident qualities and add some others. He volunteered at once and was posted to West Africa, dallying in Belfast only long enough to see his second son, Mark, born and to remove my appendix! His wartime exploits are well-known, and not just from his own pen. They merit mention. How he was recalled from being RAMC consultant surgeon to the four British West African colonies to lead a team in trials of the first batches of penicillin in battle conditions; his proving that it was essential to use the drug early after trauma and in consequence his necessarily exchanging the safety and comfort of base hospitals for the hazards and exigencies of assault units; his D-Day landings during the Italian invasions, his winning the DSO at Salerno, his wading waist-deep ashore on the Arromanches beaches in Normandy; his marathon operating sessions under fire; his command of a vast tented hospital at Bayeux; his final posting to GHQ Central Command, India, with the rank of brigadier; and, in recognition, his honorary colonelcy of two Territorial RAMC units.²⁰ Physical courage, endurance, and high organisational ability were now added to his existing formidable battery of attributes. And there was another one which was to ensure much later success – the confidence which colleagues, seniors and juniors alike, reposed in his ability and integrity.²¹

He returned in 1945 to what he called “a lean time”, but it wasn't lean for long. Following appointment to the Royal Victoria consultant staff he was to enjoy uninterrupted success; but first he had to face a difficult career choice. Always an inspiring teacher, a gifted speaker and a brilliant *raconteur*, he had been an assistant to and protégé of the professor of surgery, Andy

Fullerton, and also a surgical registrar and tutor at the Royal, and a highly effective “grinder” with an enviable success rate among his students. In 1947 he was approached to apply for the vacant chair of surgery at Queen's.²² He demurred, but declined: he was too gregarious for the library and laboratory; too fond of animals to sacrifice them even for science, especially dogs now coming into surgical experimentation. His dedicated path lay in national health service and private consultant practice; but he didn't forget the University which he loved and served through long-time membership of the Senate, the Queen's University Association, Convocation, the Board of Curators, and other committees, where I had the benefit of his shrewdness and as a judge of people.

Ian's subsequent career reads like a lengthy entry of one of the great and the good in *Who's Who* – as indeed it is. It is tempting, but inexpedient, to litanise his achievements here, but some common threads can help us to understand the driving forces in his life and the sometimes perplexing antinomies in his nature. The most striking is the almost pre-ordained inevitability of his being elected to be President or Chairman of any important body on which he served, be it within his profession – as with the Irish College of Surgeons, the British Medical Association, the Association of Surgeons of Great Britain and Northern Ireland, the Ulster Medical Society, the Ulster Surgical Club, or in other avocations as with the Northern Ireland Police Authority, Queen's University Convocation, Queen's Association, his school's Former Pupils Association, its Rugby Club and others. This is a measure of his commitment, ability, popularity, wide acceptability and the trust and confidence reposed in him by his colleagues and the powers that be. The very number of such bodies indicates his energy; the range indicates his wide professional interests and loyalties, and his non-medical activities – not every doctor is founder of a major surgical association,²³ a member of a Regimental Benevolent Fund and a Defence Advisory Council, an adviser to government on medical education, Deputy Lieutenant of his city, a surgeon-in-ordinary to the Queen's representative, a council member of BUPA and MDU, a patron of voluntary societies, a governor of his old school, and a director of a commercial bank!²⁴ And his recognition was not parochial: honours from America and several European

countries, including Chevalier de la Légion d'Honneur of France,²⁵ jostled with many from home, and he was in wide demand as a lecturer and speaker, especially on medical history and in *Retrospects* of which he was a master and which he enjoyed. He was also in demand as an examiner, delegate and representative long beyond normal retirement, a mark in the sand he easily stepped over – perhaps in fact never saw – since formal “retirement” was unknown to him. Until nearly the end he bounced around the world like a lively rubber-ball, a great ambassador for Ulster and Irish surgery, as liked and respected, and above all *enjoyed*, in Washington, Paris and Moscow, as in London, Dublin and Belfast; and he could discuss Irish silver and antiques, professional memorabilia, sport and cultural affairs as readily as the history, development and practice of surgery. But people were central in Ian’s scheme of things. He enjoyed them, empathised with them, could console and cheer them, and his medical historical writings and reminiscences were firmly focused on people, their events and institutions, but rarely with ideas as such, which were too arcane, too abstruse and bloodless for the warmth of his spirit.²⁶

Ian was unquestionably a man of very high ambition who sought, found and enjoyed success. Success receives plaudits but can excite envy, and like all successful men, Ian at times had his detractors. But his ambition was not predatory: he neither demeaned nor trampled on anyone in his march to the top; in fact he was a help to most. Nor did his ambition o’er-leap itself: it drove him to success, not to decline and fall, his stock was never higher than in his later years, and he died mourned, respected, and admired by all. For Ian really *liked* people and was helpful and generous especially to juniors. When President of the Belfast Medical Students Association in 1939, he took the student officers to London to see hospitals, but also to Twickenham to see Sinclair Irwin²⁷ score the only, and winning, try for Ireland; and on his 90th birthday he gave his entire collection of bleeding bowls to his former assistants. When I retired from Queen’s he insisted on making the dinner speech, even though aged 85: flatteringly he wanted to say nice things about me even though I had never served him, never received his patronage, never been in a position to help him or show him any favours. He was like that. Two years later he took a triple coronary bypass in his stride, saw everyone who visited him

(to the Sister’s annoyance) and voluntarily cut short his period of convalescence. He was like that also. Two months before he died, when already 98, he was one of the few members of the BMA Eastern Division (Northern Ireland) to send written apologies for inability to attend a stated meeting, while most of the absentees didn’t bother. Impeccably courteous: he was like that also. The profession in Ulster is fortunate to have had him, and in death his reputation and example, and our warm memories of him, will go marching on.

When Laurence Sterne decided to put his larger-than-life father into his book *Tristram Shandy*, he had to make two of him: Walter Shandy and Uncle Toby. The real man was too much for one character. I feel the same about Ian; my only doubt is that two characters may not be enough.

At the end of his published Memoirs Ian wrote: “I have had one of the happiest lives that any man could wish for”. He would have seen this as a fitting epitaph. No doubt it is; but it is too mono-dimensional, almost too suggestive of hedonism, and of a bland Colgate-smiling cardboard cut-out moral Thespian, for such a multi-faceted doctor who took his high calling with the utmost pride and seriousness. I think Shakespeare, with this dilemma in mind, did better – as he made Anthony say over the body of Brutus:

His life was gentle, and the elements
So mixed in him that Nature might stand up
And say to all the World, ‘ This was a man’.

NOTES

1. Distinguished neuro-surgeon. MD (1918), MS (1921). Professor of surgery (Northwestern) from 1932; consultant surgeon, Passavant Memorial Hospital, Chicago, from 1929. President, American Surgical Association (1957), and American College of Surgeons (1962-3). Honoured by, among others, RCS (FRCS, h.c., 1955), RCSE (FRCS, h.c., 1959) and RCSI (FRCSI, h.c., 1981). Father of Nancy Reagan.
2. Full text of the citation is in the family archive.
3. Interview by June Sheppard. *Ulster Tatler*, March 1982, p.148.
4. Lyons, J B. *An Assembly of Irish Surgeons*. Glendale Press and RCSI: Dublin, 1984, p.13.
5. Robert Moore Fraser, BA, MD (RUI). Read classics before medicine. A single-handed GP on the Albertbridge Road.
6. Margaret, daughter of Adam Boal Ferguson, a farmer. Died of tuberculosis.
7. Alice Cuthbert, daughter of Dr Alexander Cuthbert of Derry (who died of typhus).

8. Margaret, still alive, unmarried, and approaching ninety.
9. Eleanor Margaret *née* Mitchell. There were three children: John (died aged two of tuberculous meningitis); Mary-Alice (married Roy Trustram-Eve, 1962); Mark, FRCSI (married Veronica Higginson) is a GP in Kent. Mr Frank MacLaughlin, FRCS, the ENT surgeon, was best man.
10. Fraser, I. *Blood, Sweat and Cheers*. BMJ: London, 1989, p.143.
11. *RBAI School News*. No.301 (Midsummer 1999), pp.186-7. Fraser was at RBAI, 1913-18.
12. Letter of Application and Testimonials in favour of Ian Fraser, MD, MCh, BAO, FRCS (Engl.), FRCSI for the Post of Honorary Assistant Surgeon to the Royal Victoria Hospital, Belfast. September 1933, (RVH archive); *Calendars, Queen's University of Belfast*. See under dates.
13. In June 1927: in fact 'with commendation' since 'honours' were not awarded in a Masters degree.
14. Calwell, H G. *The Life and Times of a Voluntary Hospital. The History of the Royal Belfast Hospital for Sick Children, 1873 to 1948*. Brough, Cox and Dunn: Belfast, 1973, p.83.
15. I have identified the following articles and communications in professional journals up to 1939 when he was elected FRS (Edinb). All are single-authored.
 The cotton-wool sandwich. *Med Press Circl* 1930; **158**: 435-6.
 Prolapse of the rectum in children. *Brit Med J* 1930; **i**: 1047.
 Foreign body in the vagina. *Brit Med J* 1930; **ii**: 308.
 Purpura simulating the acute abdomen. *Lancet* 1930; **2**: 525.
 Rupture of the spleen. *Clin J* 1930; **59**: 439-41.
 A rare neck cyst. *Brit J Surg* 1930; **18**: 338-9.
 Cancer of the mouth. *Brit Dent J* 1930; **51**: 1270-81.
 Septicaemia from minor wounds. *Brit Med J* 1931; **i**: 242.
 Ectopic kidney. *Brit Med J* 1932; **i**: 128.
 A very large bursa. *Lancet* 1932; **1**: 290-1.
 Diverticulitis of the colon. *Ulster Med J* 1932; **1**: 99-104.
 Thyroid extract and pulmonary embolus. *Brit Med J* 1932; **i**: 659.
 Towel for suprapubic prostatectomy. *Brit Med J* 1933; **i**: 277.
 Sorry mistaken diagnoses in acute appendicitis. *Brit Med J* 1933; **i**: 310-1.
 Diverticula of the jejunum-ileum. *Brit J Surg* 1933; **21**: 183-211.
 The treatment and prognosis of acute osteomyelitis. *Ulster Med J* 1933; **2**: 303-7.
 An unsuspected foreign body in the hand. *Lancet* 1933; **2**: 921.
 Fragilitas ossium tarda. *Brit J Surg* 1934, **22**: 231-40.
 The treatment of varicose veins. *Ulster Med J* 1935; **4**: 105-12.
 The injection treatment of varicose veins. *Clin J* 1936; **65**: 331-7.
 Note on the Steinach II operation for the enlarged prostate. *Ulster Med J* 1937; **6**: 56-9.
 Recurrent intussusception in a young child. *Lancet* 1939; **1**: 874-5.
 The International Society of Surgery. *Ulster Med J* 1939; **8**: 46-7.
16. Causation, Pathology and Treatment of Diverticula of the Small and Large Intestine. MD thesis (QUB), December 1932.
17. Six Fellows (at least four were required under Rule 350) supported Fraser's application in October 1938 and he was elected on 6th March 1939. (Personal communication from The Royal Society of Edinburgh).
18. Fraser became honorary secretary of the St John Ambulance Association in Northern Ireland in 1931 and the first Commissioner of the new Northern Ireland (Ulster) District Brigade in 1932. He progressed to a Commander of the Order in 1935, Knight in 1941, received the Long Service Medal in 1945, became a founder member of the Order's Committee for Northern Ireland (1947-1952) and then of the Chapter of the Commandery of Ards at its formation in 1952, Knight Commander in 1955, and a Member of the Chapter-General (and attended regularly until he was 94), then Lieutenant in 1968 and finally Bailiff Grand Cross in 1974, the first from Northern Ireland.
19. There are two 'Letters of Application' from Fraser in the RVH archive dated March 1930 and September 1933 both for the post of Honorary Assistant Surgeon. Neither was successful. It is likely that Cecil Woodside was preferred for the latter and possibly Barney Purce for the former. Both were older than Fraser and had served in the RAMC in World War I, both crucial advantages.
20. Of No. 107 Field Ambulance TA, RAMC (1948-1971), and of No. 204 General Hospital TA, RAMC (1961-1971).
21. Fraser's wartime exploits are described in several autobiographical sketches, the main ones being: *Blood, Sweat and Cheers* (note 10 above), pp.33-72; Penicillin: early trials in war casualties. *Brit Med J* 1984; **289**: 1723-5; Random recollections of world War II. *Ulster Med J* 1994; **63**: 201-13 (a fuller text is in the RVH archive); and 'Invasion of France: British general hospital at Bayeux' written (in French) for the *Free French Medical Journal* (in the RVH archive). The 'Scott-Thompson' referred to by Fraser as 'the bacteriologist' fellow member of the team (of two!) conducting the penicillin field trials, was Thomas Scotland Thomson, MD, FRCPE, FRCPath, (1909-1992) later Director of the Regional Public Health

- Laboratory, Cardiff, and Professor of Medical Microbiology, Welsh National School of Medicine (Obituary notice. *J Med Microbiol* 1993; **38**: 301-3).
22. Personal knowledge.
 23. The Ulster Surgical Club.
 24. The Provincial Bank of Ireland and from 1966, when the Bank merged with the Royal Bank and the Munster and Leinster Bank to form the Allied Irish Bank (AIB), of AIB until retirement: thereafter was on the AIB Northern Ireland Regional Advisory Board, 1967-1986.
 25. For a list of others, see *Who's Who*.
 26. Fraser's main intellectual interests in retirement were the history of surgery, especially in Ulster, and recording personal reminiscences. His best original work in these fields are his UMS Presidential Address of 19th October 1967 dealing with Dr Henry McCormac and his son Sir William, Bart., PRCS (Engl.) 1896-1900 (Father and son: a tale of two cities, 1800-1901. *Ulster Med J* 1968; **37**: 1-39); and, The first three professors of surgery (at QCB and QUB). *Ulster Med J* 1976; **45**: 12-46. Unfortunately for the scholar, he omits his sources!
 27. John Walker Sinclair Irwin, FRCSE, consultant staff, RVH, 1950-1979. Son of Sir Samuel Thompson Irwin, MCh, FRCSE, consultant staff, RVH, 1918-1945. Sinclair, a back-row forward, scored the only (and winning) try against England at Twickenham in Ireland's 5-0 victory in 1939. In 1940, in the RAMC, he was captured at Dunkirk and spent long years as a P.O.W. Sir Samuel was also an international player, between 1900 and 1903. Both were Presidents of the IRFU, Sir Samuel in 1935-6; Sinclair in 1969-70.